



South Carolina
DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

HEMP FARMING PROGRAM HARVEST REPORT FORM

- This report must be completed for every field or indoor area planted after that field has been harvested. This report is due 15 days after harvest. Please remember no harvest or destruction is authorized until you receive approval in writing from SCDA. Remember: you must receive approval from SCDA PRIOR to harvest, as SCDA may inspect and collect a sample.
- Please submit this form to hempforms@scda.sc.gov. **Any application submitted to any other email will not be accepted.**

Permit Holder _____ Permit # _____

Farm Address _____ County _____

City, State, Zip _____

Phone _____ Email _____

The Location ID below MUST correspond to the permitted Location ID on your application or site modification request.

Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Acres / Square Feet Harvested	Date of Harvest	Will this be a complete harvest of all hemp in this plot?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate if you have any other hemp growing on this address. Yes No

NOTE: If you are growing any other hemp NOT reported on this form, you will need to complete another Harvest Report or Destruction Request Form at least 15 days prior to harvest or destruction.

By signing my name below, I attest that I am the permit holder and am authorized to submit this form, and that this information is accurate and complete.

Signature _____ Date _____

Inspector Signature _____ Date _____